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CONFIRMATION NO. 7594

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|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/789,108  | <b>FILING OR 371(c) DATE</b><br>02/26/2004<br><b>RULE</b>   | <b>CLASS</b><br>029           | <b>GROUP ART UNIT</b><br>3729   | <b>ATTORNEY DOCKET NO.</b><br>10139.31US01 |                                |
| <b>APPLICANTS</b><br>Scott M. Stole, Waconia, MN;   |   |                               |   |  |                                |
| ** CONTINUING DATA *****  |   |                               |   |  |                                |
| ** FOREIGN APPLICATIONS *****   |   |                               |   |  |                                |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 05/18/2004   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>41                  | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Merchant & Gould P.C.<br>P.O. Box 2903<br>Minneapolis, MN55402-0903   |   |                               |   |  |                                |
| <b>TITLE</b><br>THE FLEXIBLE CIRCUIT HAVING AN INTEGRALLY FORMED BATTERY  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>874   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |